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Fill in this in	formation to identify	your case:		
Debtor 1	Chris Neall First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	Valerie A Neall First Name	Middle Name	Last Name	
United States	Bankruptcy Court for the: [District of New Jersey		
Case number (If known)	14-14156		_	Check if this is: ☑ An amended filing
				A supplement showing post-petition chapter 13 income as of the following date:

Official Form 6l

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

MM / DD / YYYY

Part 1: Describe Employm	nent					
Fill in your employment information.		Debtor 1			Debtor 2 or non-	filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed □ Not employe	ed		Employed Mot employed	
Include part-time, seasonal, or self-employed work.	Occupation	Correction Of	ficer			
Occupation may Include student or homemaker, if it applies.	Employer's name	Atlantic Coun	ty De	ept Of Public Safe	Unemployed	
	Employer's address	5060 Atlantic A				
		Number Street			Number Street	
		Mays Landing	N.I	08330		
	How long employed the	City	State		City	State ZIP Code
Part 2: Give Details About	t Monthly Income					
Estimate monthly income as of spouse unless you are separated	the date you file this forn	n. If you have nothi	ng to	report for any line, writ	te \$0 in the space. Inc	lude your non-filing
If you or your non-filing spouse he below. If you need more space, a	ave more than one employe attach a separate sheet to th	er, combine the info nis form.	rmatio	on for all employers for	r that person on the lin	ies
				For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sal deductions). If not paid monthly,			2.	\$ <u>6,320.71</u>	\$0.00	
3. Estimate and list monthly ove	rtime pay.		3.	+\$0.00	+ \$0.00_	1
4. Calculate gross income. Add I	ine 2 + line 3.		4.	\$ <u>6,320.71</u>	\$0.00	

Official Form 6l Schedule I: Your Income page 1

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Debtor 1

Chris Neall
First Name Middle Name

dle Name Last Name

Case number (if known) 14-14156

		For	Debtor 1		btor 2 or ng spouse
Copy line 4 here	4.	\$_	6,320.71	\$	0.00
5. List all payroll deductions:					
5a. Tax, Medicare, and Social Security deductions	5a.	\$	1,198.93	\$	0.00
5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00
5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00
5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00
5e. Insurance	5e.	\$	0.00	\$	0.00
5f. Domestic support obligations	5f.	\$	0.00	\$	0.00
		\$	0.00	\$	0.00
5g. Union dues 5h. Other deductions. Specify: See Schedule Attached	5g. 5h.				
	on.	т ֆ	33.20	+ \$	0.00
6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	\$	1,232.13	\$	0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,088.58	\$	0.00
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90	\$	0.00	\$	0.00
8b. Interest and dividends	8a. 8b.	Ф	0.00	\$	0.00
Rec. Family support payments that you, a non-filing spouse, or a dependence regularly receive		Ψ	0.00	Ψ	0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00
8d. Unemployment compensation	8d.	\$	0.00	\$	0.00
8e. Social Security	8e.	\$	0.00	\$	0.00
8f. Other government assistance that you regularly receive		Ψ		Ψ	
Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		\$	0.00	\$	0.00
Specify:	8f.				
8g. Pension or retirement income	8g.	\$	0.00	\$	0.00
8h. Other monthly income. Specify:	8h.	+\$_	0.00	+\$	0.00
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00	\$	0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	5,088.58	\$	0.00
11. State all other regular contributions to the expenses that you list in Scheolinclude contributions from an unmarried partner, members of your household, yother friends or relatives.			ents, your room	mates, an	nd
Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable	e to pay expens	es listed i	n <i>Schedul</i> e J
Specify:					1
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Columns				-	
13. Do you expect an increase or decrease within the year after you file this f	form?	?			
☑ No.					

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IN RE Neall, Chris & Neall, Valerie A

ocament rage

Case No. 14-14156

Debtor(s)

${\bf AMENDED\ SCHEDULE\ I-CURRENT\ INCOME\ OF\ INDIVIDUAL\ DEBTOR(S)}$

Continuation Sheet - Page 1 of 1

DEBTOR SPOUSE Other Payroll Deductions:

 Wfd/Sui
 26.87
 0.00

 Njfli
 6.33
 0.00

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Fill in t	his information to identify y	your case:				
Debtor 1	Chris Neall					
	First Name	Middle Name Last Name		heck if this is:		
Debtor 2 (Spouse, i	if filing) First Name	Middle Name Last Name		An amended fi		petition chapter 13
United S	tates Bankruptcy Court for the: D	District of New Jersey		expenses as o		
	mber <u>14-14156</u>			MM / DD / YYYY		
(If known))					because Debtor 2
Offici	al Form 6J			maintains a se	parate househ	nold
Sch	edule J: You	ur Expenses				12/13
informati	-	ssible. If two married people are filing, attach another sheet to this form				_
		SCHOID				
_	a joint case?					
	. Go to line 2. s. Does Debtor 2 live in a s	eparate household?				
	☑ No					
	Yes. Debtor 2 must file	e a separate Schedule J.				
2. Do yo ı	u have dependents?	☐ No	Dependent's relations	hinto	Dependent's	Does dependent live
Do not Debtor	list Debtor 1 and 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2		age	with you?
Do not	state the dependents'		Son		11	No Yes
			Daughter		8	□ No □ Yes
			Daughter		6	□ No
						☐ Yes
						☐ No ☐ Yes
						□ No
						☐ Yes
expens	ur expenses include ses of people other than elf and your dependents?	▼ No □ Yes				
		ag Manthly Evnance				
Part 2:	Estimate Your Ongoin				- 01140 -	
expense	s as of a date after the ban	bankruptcy filing date unless you a kruptcy is filed. If this is a suppleme	=		-	
applicable		-cash government assistance if you	know the value of			
		it on Schedule I: Your Income (Office			Your exper	nses
	ental or home ownership e ent for the ground or lot.	xpenses for your residence. Include	first mortgage paymer	nts and 4.	\$1,437	7.67
	included in line 4:					
4a.	Real estate taxes			4a.	\$0.0	00
4b.	Property, homeowner's, or re	enter's insurance		4b.	\$0.0	00
4c.	Home maintenance, repair, a	and upkeep expenses		4c.	\$1 <u>20</u>	.00
4d.	Homeowner's association or	condominium dues		4d.	\$ 0.0	00

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Debtor 1

Chris Neall
First Name Middle Name

Last Name

Case number (if known) 14-14156

		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$600.00
6b. Water, sewer, garbage collection	6b.	\$106.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$170.00
6d. Other. Specify: Cable	6d.	\$185.00
7. Food and housekeeping supplies	7.	\$800.00
3. Childcare and children's education costs	8.	\$ 0.00
Clothing, laundry, and dry cleaning	9.	\$ 75.00
Dersonal care products and services	10.	\$ 200.00
Medical and dental expenses	11.	\$200.00
2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ 500.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ 150.00
. Charitable contributions and religious donations	14.	\$100.00
5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$ 0.00
15b. Health insurance	15b.	\$ 0.00
15c. Vehicle insurance	15c.	\$ 120.00
15d. Other insurance. Specify:	15d.	\$
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$
7. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$
17b. Car payments for Vehicle 2	17b.	\$
17c. Other. Specify:	17c.	\$
17d. Other. Specify:	17d.	\$
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	\$
Other payments you make to support others who do not live with you.		\$
Specify:	19.	
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inco	me.	
20a. Mortgages on other property	20a.	\$
20b. Real estate taxes	20b.	\$
20c. Property, homeowner's, or renter's insurance	20c.	\$
20d. Maintenance, repair, and upkeep expenses	20d.	\$
20e. Homeowner's association or condominium dues	20e.	\$0.00

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Debtor 1	Chris Neall First Name Middle Name Last Name	Case number (if known) 14-1 4156
. Othe	r. Specify:	21. + \$
	monthly expenses. Add lines 4 through 21. esult is your monthly expenses.	\$ 4,763.67
23. Calcu	late your monthly net income.	
23a.	Copy line 12 (your combined monthly income) from Schedule I.	\$ 5,088.58
23b.	Copy your monthly expenses from line 22 above.	^{23b.} - \$ 4,763.67
	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$
For ex	u expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you age payment to increase or decrease because of a modification to the terms of you	u expect your
☐ Ye		